

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

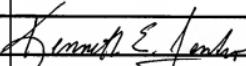
Total Number of Pages in This Submission

| | |
|--|----------------------|
| Application Number | 10/566,077 |
| Filing Date | January 25, 2006 |
| First Named Inventor | Delwiche, Michael J. |
| Art Unit | 1637 |
| Examiner Name | |
| Total Number of Pages in This Submission | 7 |
| Attorney Docket Number | 023070-139620US |

ENCLOSURES (Check all that apply)

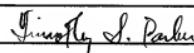
| | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | Form PTO/SB/08A, ISR |
| | | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Kenneth E. Jenkins | | |
| Date | June 28, 2006 | Reg. No. | 51,846 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.

| | | | |
|-----------------------|---|------|---------------|
| Signature |  | | |
| Typed or printed name | Timothy S. Parker | Date | June 28, 2006 |

05